



Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Catherine Cooper, Deputy Assistant
Director
Signature

PT Number: SPD-PT-03-039

Date: October 8, 2003

Transmitting (check the box that best applies):

- ☐ New Policy ☒ Policy Change ☐ Policy Clarification
☐ Administrative Rule ☐ Manual Update ☐ Other _____

Applies to (check all that apply):

- ☐ All DHS employees ☒ County DD Program Managers
☐ Area Agencies on Aging ☒ County Mental Health Directors
☐ Children Adults and Families ☐ Health Services
☐ Community Human Services ☒ Seniors and People with Disabilities
☒ Other (please specify): Executive Directors - Support Service Brokerages

Policy Title:	Change in Support Service Benefit Levels		
Topic Area:	Adults with Developmental Disabilities		
Policy Number(s):		Release No:	
Effective Date:		Expiration:	
References:			
Web Address:			

This policy is primarily directed to Program Managers of Community Developmental Disability Programs and Executive Directors of Support Service Brokerages. The focal service group of this transmittal is adults with developmental disabilities receiving support services.

Discussion/Interpretation:

This Policy Transmittal is to provide official notification of a change in benefit levels for certain adults with developmental disabilities enrolled in Support Service Brokerages. This change applies to only those individuals who are eligible for the General Fund only portion of the Basic Benefit as currently defined in 309-041-1760(5)(B).

Specifically, this particular service benefit level is increased to a maximum annual level of \$3840 (an average of \$320 per month). This change is retroactive effective July 1, 2003.

Implementation of this service rate increase must be administered in compliance with the administrative rules governing the development and authorization of Individual Support Plans for adults with developmental disabilities receiving support services.

Implementation/Transition Instructions: N/A

Training/Communication Plan: N/A

Local/Branch Action Required: N/A

Central Office Action Required: N/A

Field/Stakeholder review: ☐ Yes, reviewed by: _____ ☒ No

Filing Instructions:

If you have any questions about this policy, contact:

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